



The State Bar of California  
Membership Records  
180 Howard Street  
San Francisco, CA 94105-1639

# State Bar of California Certificate Request Form

For Official Use Only

Questions:



(415) 538-2000



[memrec@calbar.ca.gov](mailto:memrec@calbar.ca.gov)

Please use a separate request form for each member

## 1) CONTACT INFORMATION

Member Number: \_\_\_\_\_ Full Name: \_\_\_\_\_

Send Certificates to this address

Firm name : \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

## 2) PAYMENT INFORMATION

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Pay By Credit Card

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Visa

☐

MasterCard

Card #: \_\_\_\_\_ Expires (MM/YY): \_\_\_\_\_

Name On Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature:

Date: \_\_\_\_\_

By my signature on this document, I/we hereby authorize The State Bar of California to charge my/our VISA or MasterCard account for the \$25 per certificate as well as for any shipping or notary charges requested.

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Pay By Check: Make check payable to 'The State Bar of California.'

## 3) ORDER INFORMATION

- ☐ Please send me a certificate. \_\_\_\_\_ Number of copies. (Up to 5 copies for one member for \$25)
- ☐ Please send a complaint check certificate. (Complaint check certificates may only be sent to state bar associations and state supreme courts. See instructions on web site for details.) The cost is \$25.
- ☐ Please send me a notarized certificate (required by some foreign jurisdictions). Please be sure your phone number is included in the contact information. You are responsible for the payment of notary fees. (\$25, plus notary fees)

Please be aware that certificates required for admission to the U.S. Supreme Court must be purchased from the California Supreme Court. (See instructions on web site for details.)

## 4) SHIPMENT INFORMATION

### CERTIFICATES CANNOT BE FAXED

- ☐ Please mail my certificate(s). (Certificates will be mailed within five working days of receipt of request.)
- ☐ Please charge my credit card for overnight mail service \_\_\_\_\_ (initial here).
- ☐ Please send my certificate by overnight mail. I have enclosed a prepaid overnight return envelope.
- ☐ Please send my certificate by overnight mail.

Account # : \_\_\_\_\_ Carrier: \_\_\_\_\_

### FAX CREDIT CARD

#### ORDERS TO:

Membership Records  
(415) 538-2576

#### OR MAIL TO:

Membership Records  
Attn: Payment Processing  
180 Howard Street  
San Francisco, CA 94105-1639